

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR HOUSE LLC (111043)

Address: 1735 NORTH WATER ST, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094162 **End Date:** 01/21/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008125 Served 03/02/2005

Deficiencies Cited
83.32(1)(a)

Subject Area
ASSESSMENT AND ISP

Compliance
Verified

Corrected

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